

**PRIORITY ASSESSMENT TOOL  
(PAT) COVER PAGE  
HIV/STD HEALTH RESOURCES DIVISION**

<b>MLP# ASSIGNED:</b>	
<b>Que Date:</b>	

<b>PRIORITY RATING:</b>
<b>Sanction Level:</b>
<b>PAT Priority Rating Effective Date:</b> (must be the last date of the most recent site visit)

<b>FILE NAME:</b>			
<b>Contractor:</b>			
<b>Contractor Address:</b>			
<b>Scope of Work Reviewed:</b>			
<b>Contract Amount:</b>		<b>Document Number:</b>	
<b>Planning Area:</b>		<b>Region(s):</b>	
<b>Regional Coordinator(s):</b>			
<b>Monitors</b>	<b>Name</b>	<b>Date of Next Visit</b>	<b>Date visit was completed</b>
Clinical Services Division			
Data Evaluation			
Field Operations (Lead Monitor)			
Planning			
Other:			

<b>Contractor Contact Information</b>	
<b>Agency Director</b>	
<b>Phone Number</b>	
<b>Email address</b>	
<b>Program Contact</b>	
<b>Phone Number</b>	
<b>Email address</b>	

**NOTE:** Priority Ratings and Sanction Levels are subject to change. Contact the Lead Monitor for more current information before basing important decisions on information contained in this document.

**PRIORITY ASSESSMENT TOOL**  
Specific to Scope of Work (SOW)

**PAT Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STANDARDS		YES	NO	N/A
1.	The contractor submitted a corrective action plan by the due date if required by the previous site visit report.			
2.	The contractor submits program reports and data by the due date.			
3.	The contractor's program reports and data are complete and accurate.			
4.	The contractor meets objectives and complies with contractual requirements as reflected in site visit tools, policies, procedures.			
5.	The contractor performs required oversight activities for staff and subcontractors.			
6.	The contractor has previously been monitored for this or other grants (applicable only to existing contractors).			
7.	The contractor is free from validated complaints within the last 24 months.			
CRITICAL STANDARDS		YES	NO	N/A
8.	The contractor implemented its Plan of Action according to the documented Bureau approved time line identified in the previous site visit report or subsequent correspondence. Corrective actions and improvements were substantiated during the most recent site visit.			
9.	The contractor has been free from TDH and other known state or federal sanctions for the last 24 months.			
10.	The contractor is on target in implementing the work plan.			
11.	The contractor is free from validated complaints regarding an immediate and/or serious threat to the health and safety of clients since the last review.			
CRITICAL CLINICAL STANDARDS		YES	NO	N/A
12.	The contractor assures that subcontractors meet the minimum standards for clinical services as contractually required.			
13.	The contractor assures that all subcontractors meet minimum standards for case management as contractually required.			
14.	The contractor assures a resource for HIV related primary care is available and accessible for all eligible clients.			
15.	The contractor assures that subcontractors who provide client care services for HIV and other sexually transmitted diseases funded under the RWII meet TDH policies on Child Abuse Screening, Documenting and Reporting.			

## SCORING PRIORITY RATINGS

### Priority I - Must be monitored within the next six (6) months:

- Contractors who are starting a new scope of work, OR
- Contractors who have three (3) or more No answers to Standards (1-7) above, OR
- Contractors who have one (1) or more No answers to Critical Standards (8-15) above.

### Priority II - Must be monitored within the next twelve (12) months:

- Contractors who have two (2) No answers to Standards (1-7) above

### Priority III - Must be monitored within the next twenty-four (24) months:

- Contractors with zero or one (0 or 1) No answers to Standards (1-7) above

Team Member	Justification for Priority Rating
Field Operations	
Planning	
Data Evaluation	
Clinical	
Other	

YES	NO	
		Staff member(s) conducting assessment agrees with Priority rating. If NO, staff member(s) conducting assessment recommends adjusting contractor rating from Priority _____ to Priority _____ based on comments/concerns noted below.

### Justification for change to the Priority Rating:

\_\_\_\_\_  
Signature of staff member(s) Manager

**SANCTIONS** - (refer to HIV/STD Policy No. 540.001)

**Has contractor been imposed with a sanction?**    Yes    \_\_\_\_\_    No    \_\_\_\_\_

**Date applied**    \_\_\_\_\_    **Date released**    \_\_\_\_\_

**Indicate the level and type of sanction imposed:**

**LEVEL I SANCTIONS**

- accelerated monitoring
- requiring the provider to accept technical/management assistance or training
- disallowing claims for payment or reimbursement on expenditures and expenditures for which prior approval was required but not obtained
- requiring additional, more detailed, programmatic reports
- requiring additional prior approvals for expenditure of funds, and/or
- referral to the TDH Grants Management Division or Internal Audit for monitoring

**LEVEL II SANCTIONS**

- probation for a time period specified by the Bureau
- temporarily withholding portion of funds
- other actions the TDH deems to be appropriate

**LEVEL III SANCTIONS**

- termination of all or part of the contract
- suspension of all or part of the TDH contract
- denial of contract renewal or future contract award for a period not to exceed five years
- reduction of contract funding amounts if the Contractor is not:
  - achieving or maintaining the proposed level of service, or
  - spending funds appropriately and at a rate which will make full use of the award, or
  - providing services as set out in the contract
- contract amendments resulting from noncompliance
- final notice of permanently withholding cash payments

Additional staff comments and concerns regarding this contractor, e.g., high staff turn over, other TDH Divisions consider contractor to be high priority, etc.

**Initials of Commenter:**    \_\_\_\_\_    **Date:**    \_\_\_\_\_

YES	NO	Regional Staff knowledge	DATE
		Have appropriate Regional staff been made aware of this priority rating?	

**This PAT has been reviewed by:**

**Field Operations Branch Manager:**

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**Date:**

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**Planning Branch Manager:**

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**Date:**

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**RPE Branch Manager:**

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**Date:**

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**Clinical Resources Director:**

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**Date:**

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